PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10038263

CLAIMS AS FILED - PART I								SMALL EN	NTITY		OTHER	THAN
			(Column 1)		(Column 2)			TYPE		OR	SMALL	
TOTAL CLAIMS			14					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			/		*	0		X\$ 9=	1	OR	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 =		*	0		X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" ir						column 2		TOTAL	3711.0	ØR	TOTAL	
CLAIMS AS AMENDED - PART II										•	OTHER	THAN
	(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING • AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	·	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	•	OR	X\$18=	
	Independent	*	Minus	***		=		X42=	100	OR	X84=	
	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDEN	CLAIM		1	+140=		OR	+280=	
							ı	TOTAL			TOTAL	
								ADDIT. FEE		OR	ADDIT. FEE	L
	i to the second	(Column 1)	, .	(Colui		(Column 3)	` 1 1			•		,
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 12	Minus	** 6	(0	=		X\$ 9=		OR	X\$18=	
	Indépendent	*	Minus	***	<u> </u>	= /		X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=	• !	OR	+280=	
							•	TOTAL ADDIT. FEE	,	OR	TOTAL ADDIT. FEE	,
	•	(Column 1)	•	(Colur	mn 2)	(Column 3)						
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	-	OR	X\$18=	
	Independent	*	Minus	***		= 1		X42=	•		X84=	1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM]			OR		
+140=										OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE	
		mber Previously Pa ther Previously Pai					er foi	and in the ann	ropriate ho	cin co	lumn 1.	